

**IN THE EIGHTEENTH JUDICIAL DISTRICT
DISTRICT COURT, SEDGWICK COUNTY, KANSAS
PROBATE DEPARTMENT**

In the Matter of the Guardianship of:

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)
)
)
)

Case No. _____

**(ANNUAL) (FINAL) REPORT ON THE CONDITION OF THE
GUARDIAN'S WARD**

From _____, 20____, to _____, 20____

Comes now, _____,
(Guardian's Name) _____,
(Guardian's Address)

_____,
(Guardian's City & Zip Code) _____,
(Guardian's Telephone Number)

guardian of the above entitled estate and submits the following (annual) (final) report on the condition of:

(Ward's Name) _____ (Year of Birth) _____ (Social Security Number)
(last 4 numbers only)

1. That the ward resided at the following places during the reporting period:

_____, _____, _____
(Ward's Address) (Type of Residence) (Length of Stay)

2. That the approximate number of times the guardian has contact with the ward, and the nature of such contacts and the date the ward was last seen by the guardian is as follows:

3. A summary of the medical, social, educational, vocational and other professional services received by the ward during the reporting period is as follows:

4. If the ward is institutionalized, the results of an investigation into the nature and appropriateness of the ward's care and treatment are as follows:

5. Changes in the mental and physical condition of the ward observed by the guardian are:

6. Any major problems relating to the guardianship which have arisen during the reporting period are:

7. The opinion of the guardian as to the need for the continuation of the guardianship and whether it is necessary to increase or decrease the powers of the guardian is:

8. Compensation requested and expenses incurred by the guardian are:

9. Other information required by the court is:

Guardian(s) signature

VERIFICATION

State of Kansas

County of _____ ss

_____ of lawful age, being first
Guardian(s) Name

duly sworn on (his, her, their) oath states: That (he, she, or they) (is/are) the guardian(s) above-named; that (she, he, or they) know(s) the content thereof, and that all statements made therein are true.

Guardian(s) signature

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary Public or Deputy Clerk

My Appointment Expires: _____

Return completed form to: District Court — Probate Department
525 N. Main — 9th Floor
Wichita, KS 67203